



**OFFICE OF FINANCIAL AID, VETERAN SERVICES, AND SCHOLARSHIPS**  
**Release of Financial Aid or Veteran Information Authorization Form**

The disclosure of student information is governed by the policies of the Pensacola State College Board of Trustees and the Florida Department of Education with the parameters established by state and federal laws, including the Family Educational Rights and Privacy Act (FERPA) of 1974. FERPA restricts the type and amount of student record information that may be released without the student's permission (for detailed information, refer to the Pensacola State College catalog).

The written consent of the student is required for the disclosure of any information that is part of the student's financial aid or veteran record. The student must complete and sign this form. This form allows the release of financial aid or veteran's information and is only valid for the academic year in which this release is being requested and processed. Pensacola State College Financial Aid/Veteran Services office will mail the requested information to the named individual or agency within 5-7 working days of receipt during non-registration periods. Pensacola State College Financial Aid/Veteran Services office will not fax the completed document.

The District Board of Trustees at Pensacola State College, Pensacola, Florida, is authorized to release any and all information requested pertaining to the financial aid record or the veteran's record of the following student:

**Student Information** (please print) **Academic Year:** \_\_\_\_\_

Student ID Number	Student Last Name	First	Middle
Date of Birth (MM/DD/YYYY)	(____)____ Day Phone Number	(____)____ Evening Phone Number	

**Release To:** (please print)

Name of Individual: \_\_\_\_\_

Relationship to student: \_\_\_\_\_  
(i.e., caseworker, parent, legal guardian)

Name of Agency/Organization: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Information/documents to be released: \_\_\_\_\_  
 \_\_\_\_\_

Reason for release to anyone other than student: \_\_\_\_\_  
 \_\_\_\_\_

I certify that I am the above-named Pensacola State College student and, as mandated by the Family Educational Rights & Privacy Act of 1974 (FERPA), I am requesting the release of my financial aid information.

Student Signature	Date
Type of I.D. Produced _____ I.D. # _____	Fin. Aid/Vet.Staff _____ (full name)

**NOTARIZATION REQUIRED (ONLY when student does not complete the form in the Pensacola State College Financial Aid, Veteran Services, and Scholarships Office).**

Signature, Notary Public	Type of I.D. produced (ex. Drivers license, number, expiration)
State of _____	County of _____
Printed Name of Notary Public	Typed, or Stamped Commissioned Name of Notary Public